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February 10, 2009

TO: Each Health Deputy

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: **UPDATE ON METHAMPHETAMINE PREVENTION AND TREATMENT SERVICES PLAN**

This is to provide a status report on the Department of Public Health's (DPH) methamphetamine (MA) prevention and treatment services plan. DPH was funded at the level of \$750,000 for Countywide MA prevention services and \$1 million of Third District funds for treatment services located in the District, but available to residents Countywide.

PREVENTION SERVICES

Prevention Services for Young Women – Between July and December 2008, the 13 funded prevention programs developed work plans based on the results of the assessments conducted in the first part of the year. The assessment results identified the contributing factors to MA-related problems and the problem locations in each of the communities. The work plans included strategies to address the identified contributing factors and target the problem locations.

Assessment results showed the top contributing factor to the MA-related problems in all of the communities was the availability of and easy access to MA. Seventy-five percent of the providers identified parks and other open spaces (i.e. alleys, parking lots) as problem locations, and 50 percent reported school campuses as problem locations. Strategies identified to combat this included conducting classroom-based and community-based education and outreach activities, accurately identifying MA use as the problem, providing referrals, and collaborating with school officials, parents, and law enforcement to develop policy-based solutions.

Prevention Services for Men Who Have Sex with Men (MSM) – This pilot project, which is a bio-behavioral intervention using post-exposure prophylaxis with contingency management, underwent two Institutional Review Board reviews including a review by the Food and Drug Administration. Having received clearance, Human Immunodeficiency Virus (HIV) negative, MA-using MSM are being recruited for the prevention intervention. An announcement was published in the January 12, 2009 edition of Frontiers, a popular weekly magazine for gay men.

Community Level Prevention Services – An overall average of nine meetings were held by the community coalitions in each of the Service Planning Areas (SPA) between March 2008 and January 2009. Each coalition has further developed their individualized responses to the epidemic by targeting specific at-risk populations, such as youth, women, and MSM. All the coalitions have developed brochures containing information on MA and resources in their community. A number of coalitions have created profiles on social networking sites to better engage their target populations. All the coalitions have conducted MA 101 trainings and offer additional trainings on topics such as support for family and loved ones affected by MA abuse, outreach and referrals, MA use among youth, and signs and symptoms for parents. In addition, community coalitions are conducting outreach at various events throughout the County and administering anonymous surveys to assess the prevalence of MA use among County residents. Preliminary data analysis shows 36 percent of the general population has used MA, while 41 percent of gay men reported use of MA, 39 percent of whom reported using MA in the last six months.

Education and Training – To date, twenty-two trainings have been conducted throughout the County. These trainings topics include how to identify MA use, where to get help, understanding the uniqueness of this drug, resources for families and loved ones, outreach strategies for speaking with other community members about MA use, and resources and statistics highlighting the problem in each SPA. Preliminary data analysis shows a statistically significant 35 percent knowledge increase among individuals who attend these trainings. Coalitions have also taken the initiative to respond to community needs by convening additional speakers on topics of interest including research on MA and Viagra use. Coalitions have also hosted forums for community members to share personal stories. One coalition has started to train coalition members to conduct trainings in order to broaden the reach of information and awareness throughout the community.

In addition, the Alcohol and Drug Program Administration (ADPA) has conducted training sessions for contracted providers on MA-specific prevention approaches and has provided technical assistance on work plan development.

TREATMENT SERVICES

Treatment Services for Young Women – From July to December 2008, ADPA treatment providers reported that 40 young women had been admitted to residential and outpatient programs. Fifty percent were Latinas; 35 percent were White; 5 percent were Asian/Pacific Islanders; 2.5 percent were African Americans; and 7.5 percent were of other ethnicities. Fifteen percent reported having mental health issues and 28 percent reported they were homeless.

ADPA holds quarterly meetings with the treatment providers to ensure services are effectively provided and to address any concerns or issues providers may have. Discussions center on such issues as administrative management of programs and services, training topics, data submission, and financial utilization.

Treatment Services for MSM – From March to December 2008, Office of AIDS Programs and Policy (OAPP) providers provided residential MA treatment services to 46 high-risk HIV-negative gay men. To date, all individuals remain HIV-negative. Agencies are now beginning an evaluation to assess the effectiveness of the services provided. Clients are contacted to assess HIV status and total days of sobriety outside of treatment. Data results will be shared in the next update. Of note, 19 clients (41 percent) reported injecting MA in the last 12 months, indicating a need for hepatitis testing and education, which are among the services currently being provided to clients. This trend is disturbing due to the implications of intensive chronic drug use associated with injection as the mode of administration.

Bi-monthly meetings have been held with agencies to share preliminary data, address programmatic concerns, ensure services are being effectively implemented and are responsive, and discuss any other concerns or issues. Through this forum, agencies have identified access to mental health medications as a gap. OAPP responded by authorizing short-term billing for psychiatric medications in cases where the client was appropriately assessed by an authorized mental health clinician.

Training, Education, and Technical Assistance - ADPA conducted a series of intensive provider trainings in October, November, and December 2008 facilitated by Dr. Neva Chauppette. These courses focused on building the capacity of treatment providers to enhance service delivery specific to female MA users. Training topics covered risk assessment, psychiatric assessment, and treatment planning. As requested by the treatment providers, the next training will cover Contingency Management, an evidence-based intervention proven successful with MA-using clients. To assess the implementation of the skills learned during the trainings, follow-up site visits have been scheduled with the nine treatment providers in late January 2009. The visits will ensure that providers are implementing the skills acquired from the training and provide an opportunity for staff to have direct consultation regarding any issues.

To date, 148 hours of intensive one-on-one technical assistance with staff through individualized site visits have been conducted with the three OAPP-funded agencies, allowing agencies to respond effectively to each individual client and develop an individualized treatment plan. Additionally, a consultant is accompanying OAPP program auditors during scheduled audits using an assessment tool to accurately assess and monitor the provision of MA specific services as well as train OAPP staff on how to effectively evaluate services provided by each agency.

There continues to be an increased need for training and technical assistance around the uniqueness of this drug. DPH recognizes the importance of providing continuous training, assistance, and monitoring of agencies to ensure responsiveness of individualized care.

NEXT STEPS

The Department will continue to closely monitor and evaluate MA project activities. Additional adjustments to program design and funding for project components will be made on an ongoing basis to ensure best use of the available resources in accomplishing overall objectives. OAPP is preparing a formal evaluation to assess implementation of services and program responsiveness at the 12 month interval in order to guide Year Two (March 1, 2008 – February 28, 2009) investments. A meeting with all ADPA and OAPP funded agencies will be convened the third week of February to share preliminary data analysis results and evaluation and discuss year two investments.

In addition, the Crystal Methamphetamine Workgroup continues to meet bi-monthly. The Workgroup developed a charter document outlining and clarifying overall goals and objectives. Subcommittees have been formed and are charged with facilitating completion of the group's goals and objectives. The intent is to provide recommendations to enhance the system delivery for those at-risk for MA use and abuse, address structural changes, and provide continuing services past the completion of the Workgroup's work.

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We will continue to keep you updated on the progress of the project. If you have any questions or need additional information, please let me know.

JEF:dhd
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Attachment

c: Chief Executive Officer
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Director of Children and Family Services
Director of Public Social Services